

Clarkston Co-Op Preschool 4 Year Old Developmental Information

Child's Full Name:		Name child goes by:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Age:	Date of Birth:	Home Address:		Home Phone:	
Mother/Guardian Home Address: <small>Please supply information that differs from that listed for child.</small>				Home Phone:	
Mother/Guardian Work Address:				Cell Phone:	
				Work phone:	
				E-mail:	
				Occupation:	
Father/Guardian Home Address: <small>Please supply information that differs from that listed for child.</small>				Home Phone:	
Father/Guardian Work Address:				Cell Phone:	
				Work phone:	
				E-mail:	
				Occupation:	
Is e-mail a good way to get class/school information to you? <small>If you answer no, please let us know the preferred method and any numbers.</small>					
Who will be performing Co-op Duties?					
If other than parents or guardians, relationship to the child?			Address:(if different from child's)		
Home Phone: Cell:			E-mail:		
Who cares for your child during the day? Please also note address and phone number(s) of caretaker if child is cared for outside his or her residence.					
Medical /Developmental History:					
How long has your child been potty trained?		Bladder:		Bowel:	

Please note that this information is to aid the teachers in getting to know your child and will be kept private.

What specific words/signs/actions does your child use to tell you that he or she needs to use the toilet? Is there any other information regarding your child's toileting experience that would be helpful for the teacher to know?

Are there or, have there been, areas of concern regarding any facet of your child's development and growth? (For example, poor muscle control, speech /language delay, extreme sensory sensitivity, responsiveness to others, delay in self-help skills, etc)? Have any specific areas of concern been identified by a child development specialist (pediatrician, neurologist, speech pathologist, etc)? Please detail, along with information concerning past or current intervention. Use additional space if needed.

Does your child have any allergies or health concerns of which we need to be aware? Any history of significant health problems or trauma?

Does your child currently take any medication during the day? How might these medications affect your child's emotional/physical state?

Please note medication name and any side effects.
Example: antihistamine for allergies – drowsy.

Does your child nap? How long and how frequently?

Home and Family Life:

Siblings residing with preschooler:

Please include names and ages.

Siblings not residing with preschooler:

Please include names and ages.

<p>Parents' Educational Background: Please check highest that applies.</p> <p>Mother/Guardian <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate's Degree or Technical Certification <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> PhD/ Beyond</p>	<p>Fields of Study:</p>
<p>Father/Guardian <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Associate's Degree or Technical Certification <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters Degree <input type="checkbox"/> PhD/ Beyond</p>	<p>Fields of Study:</p>
<p>In true co-op spirit, is there any special skill or talent that you would be willing to share with us?</p>	
<p>Please describe your child's home life? Example: Lives with both parents and siblings/grandma etc.</p>	
<p>Are there restrictive custodial issues of which the school should be aware? If so, please provide copies of supporting court documents.</p>	
<p>Has your family had any previous Co-op experience? If yes, please note school, year(s), jobs or board positions held etc</p>	
<p>Is this your child's first school experience? If No, please describe.</p>	
<p>What types of contact does your child have with other children and how often? Example: older and/or younger siblings, cousins, play dates, daycare etc.</p>	
<p>How does your child express frustration/anger?</p>	
<p>Does your child have any fears?</p>	
<p>How is your child usually calmed / comforted?</p>	

Please note that this information is to aid the teachers in getting to know your child and will be kept private.

Do you have any concerns regarding your child in a preschool setting?

Are there any present/upcoming events/issues that might affect your child's emotional/physical state?
Example: new baby, illness or death in family, move, divorce etc.

Is there any information that you would like regarding your child's development/specific issues etc.?

How do you hope your child will benefit from his or her preschool experience?

Is there anything that you would like to add concerning your child that would help us get to know him or her?
(Special interests, temperament, etc.)

Thank you for taking the time to complete this questionnaire. To maintain confidentiality, please seal it in an envelope marked "Deveolpmental History" along with your child's name and class. It will be forwarded to your child's teacher.

Parent/Guardian Signature:

Date:

